



## LETTERS / CORRESPONDANCE

Please send us your comments and opinions. / Nous serons heureux de recevoir vos commentaires et opinions. Letters to the editor should be addressed to: / Prière de faire parvenir les lettres à la rédaction à l'adresse suivante :

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### NO GLOVES?

*To the Editor:*

In the Practitioner article on occasional breast cyst aspiration in the Fall 2006 issue,<sup>1</sup> I was surprised to find that the physician was performing a sterile procedure with no gloves on. The author's equipment list includes sterile gloves. Where were they?

**M.J. Willard, DVM, MD,  
FRCPC, FCAP**  
Brandon, Man.

### REFERENCE

1. Hutten-Czapski P. The occasional breast cyst aspiration. *Can J Rural Med* 2006;11(4):291-2.

### [Dr. Hutten-Czapski replies:]

Dr Willard raises an important question. Is breast cyst aspiration a sterile procedure or is it just a clean procedure such as giving a flu shot? There are 2 important considerations that should guide us.

One is the risk to the patient from a sterile needle—infection from skin bacteria. The other is the risk to the physician. Gloves should be used when the risk to the physician is elevated (e.g., blood gasses). Sterile gloves, mask, prep drapes, and sometimes gown are used when the risk to the patient is elevated or where there are potentially serious consequences (e.g., lumbar puncture). MEDLINE has not given us a randomized control

trial that I could find, but empirically both risks must be extremely low for breast cyst aspiration. I interpret this procedure as any other simple needle by avoiding its point and using clean technique. The equipment list that I provided should have mentioned that gloves were optional.

**Peter Hutten-Czapski, MD**  
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### PERSPECTIVES OF A RURAL DOCTOR'S SPOUSE

*To the Editor:*

As the spouse of a rural doctor, I read the article on "Spousal Perspectives on factors influencing recruitment and retention of rural family physicians"<sup>1</sup> with a great deal of interest.

My wife of 35 years is a rural family physician who has been practising since 1980 in a northern Alberta town of 6500 people. There are a large number of advantages to living in a rural community and we both have a rural background. We grew up near here and we both enjoy living here; we are also close to family. I have been the primary caregiver (homemaker) for 26 years. I have done a great deal of volunteer work and have held many part-time and short-term jobs in our community. Over the past 26 years I have watched an incredible number of physicians come here only to move on to a "less

rural" practice or to leave for further training. One family has returned.

I note that in the survey the authors eliminated spouses by asking the physician's permission for personal information. That screened out the spouses who may not have been on the best of terms with their living conditions.

It is curious that the survey would load that sort of bias up front.

There was also no mention of the length of time the surveyed spouse had been in the rural community. Most significantly, not one spouse of a physician who had left a rural community was asked why he or she had left.

Some spouses of rural physicians recognize the advantages and perks of a rural community and they blossom and thrive. Rural communities have a great deal to offer both physicians and their spouses, and they can be very rewarding to live in. However, Mayo and Mathews' article does not even begin to touch on the problems faced by the spouses of rural physicians. The social dynamics of a small rural community are very structured and the spouse of a physician sometimes has a very difficult time fitting in and adjusting.

### *Social network*

A rural physician develops trust, friendships and relationships with colleagues and staff. Both provide support and companion-

ship to the physician and are in place from the first day a physician starts to practise. The spouse has to develop this on his or her own time and with his or her own resources.

A physician's spouse who has a profession or skill and finds a job is accepted far more quickly in a rural community than a "stay-at-home" spouse. Spouses with jobs have the opportunity to meet more people in the community and the locals associate them with the job they do rather than with being "the doctor's wife." Stay-at-home spouses have little chance to build a social support network. The income gap is a significant barrier between the physician and most locals that leads to resentment, discrimination and just plain rude behaviour toward the spouse. Spouses of physicians have been excluded from social groups and functions simply because they are the spouses of physicians. On the other hand, social doors have been opened to them for the same reason. I have experienced this personally and have seen it happen to others.

There is sometimes very little interaction or support among the spouses of physicians in a small town. There may be a number of reasons for this lack of support—possibly children are different ages, spouses are of the opposite sex (leading to rumours) or there is a large difference in age and personal interests.

### *Physician workload*

When a physician is too tired to participate in family activities or unable to be home for at least 2 weekly meals with the family, there are enormous pressures on both the physician and spouse, and on their relationship.

One local physician comment-

ed, "choose your partners well, you will be spending more time with them than you will with your family." That statement is incredibly true. Imagine, if you can, a physician who is spending between 50 and 80 hours each week attending to the needs of patients; the administrative requirements of a practice; the demands of local groups regarding speaking engagements, continuing medical education, local fundraising; the administrative demands of the local hospital or board of health and those of other physicians; on-call sessions in emergency; unplanned calls to attend to deliveries, auto accidents or to assist in surgery. You have a physician with very little time or energy left for a family.

### *Health issues*

One of the significant issues faced by rural physicians' spouses is the lack of support or professional help to turn to in the case of marital problems. The medical services and health counsellors are a very tightly knit group. They have a professional loyalty and a working relationship with the physician. It is awkward and sometimes counterproductive to approach a health service worker for advice or help.

Health service workers who associate with a physician or the physician's partners cannot be objective about the personal problems of a physician's spouse. Not to mention that there are *no secrets* in a small community and there are even fewer secrets among the medical professionals in a small community. There is no assurance of confidentiality. Couple that with a bias and benefit of doubt to the physician, and the spouse has no one to turn to for advice.

It can also be mentioned that a physician's spouse bringing up personal problems with medical personnel may erode the confidence of the medical staff in that physician. The staff who have had a working relationship with the physician are also not willing to believe the concerns a spouse raises. Not to mention pressure the staff might be making by taking on the case of the spouse.

The demands of the community on a physician can lead to self-esteem issues for both the spouse and the children of a family physician in a rural community. The physician's inability to commit enough quality time to his or her spouse and children can lead to depression or behavioural problems for both the spouse and the children.

### *Male spouse*

My personal experience as a male spouse of a physician and as a "homemaker" has not been the most positive. There are significant social barriers in a rural community for a man who takes care of children and is *not* employed full-time. I gave up a career so my children would have one parent at home and not be raised by a series of nannies, with very limited exposure to their parents. This has placed some very significant social pressure on my children as well. Of all of the children of rural family physicians, I have yet to meet even one who has any interest in choosing to be a physician. If you really want honest answers about the lifestyle of a rural family physician, ask the physicians' children and compare their answers with the answers of children whose parents are in other professions.

Each family is different, each physician is different, and their

goals, needs and attitudes are different. Couple that with the differences in pressure on the physicians themselves by the medical and social obligations of a small community and I find it remarkable that a sample of 13 would even begin to represent the broad range of positives and negatives of being a physician's spouse in a small community.

After 26 years would I choose this lifestyle again? Or choose to

be the spouse of a physician?

Damned good questions. There have been a large number of positives to this sort of lifestyle; there can also be some devastating negatives. It takes a very strong personality and a great deal of patience coupled with determination to cope with the lifestyle. Loneliness, lack of support and lack of companionship can be devastating to relationships and family. There were parts of the

past 26 years that were incredibly rewarding; there were other parts that were stressful and lonely beyond comprehension.

**Jerrold Lundgard**  
Peace River, Alta.

#### REFERENCE

1. Mayo E, Mathews M. Spousal perspectives on factors influencing recruitment and retention of rural family physicians. *Can J Rural Med* 11(4):271-6.

## Doctors Speak Out

Podium — Letters to the Editor — Editorials

We invite physicians to speak out on issues that concern them. Send your submissions to Suzanne Kingsmill, Managing Editor, *CJRM*, Box 1086, Shawville QC J0X 2Y0; [cjrm@lino.com](mailto:cjrm@lino.com)

## Les médecins s'expriment

La parole aux médecins — Lettres à la rédaction — Éditoriaux

Nous invitons les médecins à commenter les questions qui les intéressent. Faites parvenir vos textes à Suzanne Kingsmill, rédactrice administrative, *JCMR*, BP 1086, Shawville (Québec) J0X 2Y0; [cjrm@lino.com](mailto:cjrm@lino.com)